

SERFF Tracking Number:	IATH-125321558	State:	Arkansas
Filing Company:	Harco National Insurance Company	State Tracking Number:	AR-PC-07-026450
Company Tracking Number:			
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Garage		
Project Name/Number:	/CA-AR-2149-F		

Filing at a Glance

Company: Harco National Insurance Company

Product Name: Garage

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0002 Garage

Filing Type: Form

SERFF Tr Num: IATH-125321558

SERFF Status: Closed

Co Tr Num:

Co Status: In Progress

Author: Debbie Smith

Date Submitted: 10/16/2007

State: Arkansas

State Tr Num: AR-PC-07-026450

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 10/17/2007

Disposition Status: Approved

Effective Date (New): 10/17/2007

Effective Date (Renewal):

10/17/2007

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name:

Project Number: CA-AR-2149-F

Reference Organization:

Reference Title:

Filing Status Changed: 10/17/2007

State Status Changed: 10/17/2007

Corresponding Filing Tracking Number:

Filing Description:

Filing new, optional Defense for Product Related Damages endorsement 20-0901 (4/96) to be used in conjunction with our garage program.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Debbie Smith, Compliance Analyst II

2850 West Golf Road

Rolling Meadows, IL 60008

dsmith@iat-harco.com

(847) 321-4867 [Phone]

(847) 321-4810[FAX]

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Filing Company Information

Harco National Insurance Company	CoCode: 26433	State of Domicile: Illinois
2850 West Golf Road	Group Code: 225	Company Type:
9th Floor		
Rolling Meadows, IL 60008	Group Name:	State ID Number:
(800) 448-4642 ext. [Phone]	FEIN Number: 13-6108721	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Required form filing fee in Arkansas.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
93996	\$50.00	10/16/2007

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<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage</i>		
<i>Project Name/Number:</i>	<i>/CA-AR-2149-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/17/2007	10/17/2007

<i>SERFF Tracking Number:</i>	<i>IATH-125321558</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harco National Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026450</i>
<i>Company Tracking Number:</i>			
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<i>Product Name:</i>	<i>Garage</i>		
<i>Project Name/Number:</i>	<i>/CA-AR-2149-F</i>		

Disposition

Disposition Date: 10/17/2007

Effective Date (New): 10/17/2007

Effective Date (Renewal): 10/17/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number:	IATH-125321558	State:	Arkansas
Filing Company:	Harco National Insurance Company	State Tracking Number:	AR-PC-07-026450
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Harco Exception Page CA-E-4.2	Approved	Yes
Form	Defense For Product Related Damages	Approved	Yes

SERFF Tracking Number:	IATH-125321558	State:	Arkansas
Filing Company:	Harco National Insurance Company	State Tracking Number:	AR-PC-07-026450
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Defense For Product Related Damages	20-0901	4/96	Endorsement/Amendment/Conditions		0.00	20-0901 496.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFENSE FOR PRODUCT RELATED DAMAGES

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless otherwise indicated below.

Endorsement effective:	Policy number:
Named Insured:	Countersigned by: (Authorized Representative)

SCHEDULE

	Per "Suit"	Less per "Suit" Deductible of	Annual Aggregate	Premium
Limit of Insurance	\$ _____	\$ _____	\$ _____	\$ _____

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SECTION II - LIABILITY COVERAGE is changed as follows:

A. COVERAGE

Section II.A "GARAGE OPERATIONS" - OTHER THAN COVERED "AUTOS" is amended by adding the following:

We will pay defense costs for "suits" filed against the "Insured" arising out of "Garage Operations" and resulting from the following:

1. The sale of your product; or
2. The lease of your product; or
3. The rental of your product; or
4. The service of your product; or
5. The repair of your product.

Such "suit" must be

1. filed during the coverage part period and

2. not be the result of an "accident".

We can settle any such "suit" at our option; however, we are not obligated to do so. If we elect to settle such "suit", the settlement will be at our expense, but you must pay the deductible.

B. EXCLUSIONS

With respect to this endorsement only, Section II.B is amended by adding the following:

This insurance does not apply to:

18. Any intentional, dishonest, fraudulent, or criminal act committed by any "insured".
19. Any court costs or damages assessed against you as a result of any such "suit".
20. Any defense after such defense is undertaken by the manufacturer of the product.
21. Any "suit" caused by or resulting from your actions as an insurance agent, insurance broker, or insurance consultant.
22. Any claim made or "suit" arising out of any

manufacturer's warranty, extended warranty, or service agreement.

23. An alleged violation of any federal, state, or local odometer, truth in-leasing, truth-in-lending, competitive parts law, auto damage disclosure statute or law, or Federal Used Car Buyers Guide Regulations (455).

24. Any "suit" or claim resulting from an "accident".

25. Your failure to properly name the legal owner or security interest on title papers for "autos" sold by you.

D. DEDUCTIBLE

As respects this endorsement, Section II.D is amended by adding the following:

The damages that would otherwise be payable under this endorsement will be reduced by the Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision. To settle any claim or "suit" we may pay all or any part of the deductible shown in the schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

SECTION VI - DEFINITIONS is changed as follows:

L. With respect to this endorsement only, the definition of "suit" is deleted and replaced by the following:

"Suit" means a civil proceeding in which damages, to which this endorsement applies, are claimed. "Suit" includes arbitration or mediation proceedings to which the "insured" must submit or submits to with our consent. A class action is one "suit".

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Company Tracking Number:

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Sub-TOI: 20.0002 Garage

Product Name: Garage

Project Name/Number: /CA-AR-2149-F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: IATH-125321558 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: AR-PC-07-026450
Company Tracking Number:
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/17/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Harco Exception Page CA-E-4.2 **Review Status:** Approved 10/17/2007

Comments:

Informational

Attachment:

ARCAE4.2.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**HARCO NATIONAL INSURANCE COMPANY
COMMERCIAL LINES MANUAL
DIVISION ONE - AUTOMOBILE
EXCEPTION PAGE**

RULE 50. ADDITIONAL PROVISIONS

These coverages are available at the option of the insured. The premium charge is the indicated percent (%) of the Garage BI and PD Premium. Minimum Premium \$100

- C.4. Broad Form Products Class Code 7070 is replaced by the following:
Use Broad Form Products Coverage Endorsement 20-0708. Charge 5%

The following is added to Additional Coverages

5. Extended Broadened Coverages - Garage

- a. Use Extended Broadened Coverage Garage Endorsement 20-0198 Class Code 7070. Charge 2%
- b. Use Legal Damages/Title Coverage Endorsement 20-0900.
Class Code 7070. Charge 3%

<u>Deductible Amount</u>	<u>Factor</u>
\$ 500	1.00
1,000	.977
2,500	.931
5,000	.877
10,000	.806

- c. Use Employee Benefits Coverage Endorsement 20-0902.
Class Code 7800. Charge 3%

- *d. Use Defense for Product Related Damages 20-0901. Class Code 7800.
Charge 10%

<u>Deductible Amount</u>	<u>Factor</u>
\$500	1.00
1,000	.957
2,500	.887
5,000	.787

6. Discrimination Coverage

Use Discrimination Endorsement 20-0703 Class Code 7800. Charge 12.2% of the BI and PD Premium.

<u>Deductible Amount</u>	<u>Factor</u>
\$15,000	1.00
20,000	.96
25,000	.93
50,000	.86
75,000	.80
100,000	.74
125,000	.68

• Denotes Change

CA-E-4.2

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